Welcome to the Salford Public Health bulletin. The purpose of this document is to keep you abreast of the latest developments in the world of public health and how they relate to and affect the people of Salford for the period from 23/12/16-31/1/17

New Year, One You

The start of the year is often an opportunity to make positive changes to our health and lifestyle – from joining the gym to ‘Dry January’ or the latest fad diet. Making drastic changes is often not sustainable as the pressures on time often don’t allow for the dedication necessary.

Recent approaches to behaviour change suggest that by reshaping how we make changes and encouraging us to make simple changes to lifestyle will be much more effective than wholesale change and that taking little but consistent action can make a big difference.

Research produced by Public Health England has shown that more than eight out of ten (83%) middle aged people can improve their health as they either weigh too much, drink too much or do not exercise enough. These unhealthy lifestyles are causing a rise in preventable diseases, which in turn are placing an ever-growing burden on health and care services.

Public Health England’s ‘One You’ campaign is reaching out to this 83% of unhealthy 40 to 60 year olds to provide support and tools to help them live more healthily in 2017 and beyond.

One You aims to support people to do this across seven key behaviours:

- **Moving more**: Active people live longer and get ill less often; being active doesn’t have to mean doing intensive exercise – just walking every day can make a real difference.
- **Drinking less**: Many adults drink alcohol at levels that damage their health in both the short and longer-term. Reducing consumption by a small amount can help to reduce health risks.
- **Eating well**: Most adults put on 0.2 kilos per year, which might not be noticeable in the short-term but can be damaging in the long-term, leading to obesity and associated health problems such as type 2 diabetes and heart disease.
- **Being smoke free**: For the 7 million adults in England who smoke, quitting remains the single biggest thing that can be done to improve their health.
- **Checking ourselves**: To avoid ‘sleepwalking’ gradually into ill health, it is vital to take a small amount of time periodically to monitor our own health.
- **Stressing less**: Managing stress is important as it not only affects how you feel, think and behave, but also how your body works – from how well you sleep to your immune system.
- **Sleeping better**: Poor sleep is symptomatic of wider stress and is in itself a driver of poor health – it is also one of the most frequent searches on the NHS Choices website.

The centrepiece of the ‘One You’ campaign is the interactive quiz ‘How are You?’ which can be accessed by clicking [here](http://intranet.salford.gov.uk/research.htm). It will also signpost to Salford specific resources and services to offer further support.
Living for the Weekend...Workout

Weekend Mo Farahs and Bradley Wiggins rejoice! Recently published research shows that having one or two large bouts of activity a week can help reduce risk of death from any cause or cardiovascular disease...when compared to those who do no activity. This made headlines nationally but delving beneath the headlines a different picture emerges.

Physical activity guidelines for adults advise taking 150 minutes of moderate activity a week and doing strength exercises on two or more days a week that work all of the major muscle areas. By meeting these guidelines the risk of major illnesses, such as heart disease, stroke, type 2 diabetes and cancer is reduced.

What the Research Says
Within a research population of over 60,000 adults aged 40 plus living in England or Scotland, four levels of physical activity were defined:

- Inactive (no moderate or vigorous physical activity)
- Insufficiently active (less than 150 minutes moderate, less than 75 vigorous)
- Weekend warrior (150 minutes+ moderate or 75 minutes + vigorous in 1 or 2 sessions)
- Regularly active (150 minutes+ moderate or 75 minutes + vigorous in 3+ sessions)

Unsurprisingly those who were classed as inactive had an increased risk of death from any cause, cancer or cardiovascular disease when compared to the other groups. Whilst weekend warriors have a lower risk of death from any cause or cardiovascular disease – when it comes to death from cancer, results were statistically insignificant. To sum up the results of the research ‘any exercise is good, but perhaps, more is better’.

The research is not without its flaws not least in how it has been reported. Whilst all data has been validated, it has been unable to link the amount of exercise to reduce risk of death, does not consider other lifestyle factors that may impact life expectancy, and only examines cause of death from CVD and cancer not diagnosis. Interestingly, despite the headlines, only 3.9% of participants of the research were classified as weekend warriors!

The Salford Picture
In Salford in 2015, 49.5% of adults reach the recommended guidance of 150 minutes of moderate physical activity – this is lower than the North West average (53.7%) and lower than the England average (57%). Furthermore 32.1% of adults did less than 30 minutes physical activity per week (compared to North West - 32% and England - 28.7% averages).
What Works in Reducing Harmful Drinking

Although average alcohol consumption has been falling in the UK, especially among young people, it is still a major driver of ill health in England. It is estimated that 10.8 million adults in England are drinking at levels that may pose some risk to their health and that 1.6 million people may have a level of alcohol dependence in England. Alcohol has been identified as a factor in over 60 medical conditions and diseases including many cancers, cirrhosis of the liver, heart disease, depression, and stroke. Excessive alcohol consumption is also a major cause of premature death.

Excessive alcohol consumption is linked to poorer mental health, increased hospital admissions and negative issues surrounding employment. It has wider social and economic effects as well. It impacts upon children and families as well being a key driver for both social and health inequalities.

With this in mind, Public Health England has produced a comprehensive overview of key evidence and provides a guideline to what works in having an impact on alcohol harm reduction. This is a truly all-inclusive document on alcohol drinking and alcohol related policy. You can access the resource by clicking here

Key Points

- Shows 1/3 of all alcohol consumed is drunk by 5% of the population – highlighting the concentrated nature of heavy drinking within society but also the proportion of alcohol sold to those who drink heavily.
- Draws attention to impact of alcohol on economic productivity – highlighting that perhaps more years are lost to the workforce due to alcohol than ten most common cancers combined!

http://intranet.salford.gov.uk/research.htm – Home of Salford’s Joint Strategic Needs Assessment
• Price is a key policy driver is shaping consumption – combining minimum pricing and targeted taxation reduce both harmful drinking and health inequalities
• The relaxing of licensing hours in 2005 has not shown a clear effect in terms of anti-social behaviour, crime or hospital – but international evidence suggests otherwise
• Exposure to marketing can drive levels of drinking in young people and there is no clear evidence that voluntary industry led partnerships are effective.
• There is considerable evidence that screening and brief interventions in primary care can help prevent harmful drinking
• Education raises awareness but perhaps doesn’t change behaviour
• Drink driving related accidents should reduce if the blood alcohol limit is reduced from its current limit

The Salford Picture
Key Alcohol Indicators for Salford (taken from the Local Alcohol Profile for Salford - here) are shown in the table below. Salford performs poorly on most of these measures, with the worst performance nationally for two of the measures (6.01 and 9.01 in the chart below). However there is some evidence to suggest that much of this is due to the good recording of alcohol as a contributory factor in hospital admissions.

Gold not Brown
So burnt toast and over-done roast potatoes can causes cancer?
Not quite.

This story, featured heavily in newspapers and online, is focused on acrylamide and its link to cancer. Acrylamide is a naturally produced chemical compound when high starch food – such as bread or potatoes – are fried or baked at high temperatures. However the link between acrylamide and cancer in humans is still unproven at this time – with the only research focused on the link in animals being published. Cancer Research UK summarise the whole ‘controversy’ here and have highlighted the fact that a diet consisting of
mainly rich starchy foods (such as chips, toast and roast potatoes) should be avoided on general health grounds anyway.

Despite the lack of evidence the Food Standards Agency (FSA) have launched their ‘Going for Gold’ campaign to minimise risk of exposure to acrylamide,

**Going for Gold Campaign**

- **Go for Gold** – as a general rule of thumb, aim for a golden yellow colour or lighter when frying, baking, toasting or roasting starchy foods like potatoes, root vegetables and bread.

- **Check the pack** – follow the cooking instructions carefully when frying or oven-heating packaged food products such as chips, roast potatoes and parsnips. The on-pack instructions are designed to cook the product correctly. This ensures that starchy foods aren’t cooked for too long or at temperatures which are too high.

- **Eat a varied and balanced diet** – while we can’t completely avoid risks like acrylamide in food, eating a healthy, balanced diet that includes basing meals on starchy carbohydrates and getting your 5 A Day will help reduce your risk of cancer.

- **Don’t keep raw potatoes in the fridge** - if you intend to roast or fry them. Storing raw potatoes in the fridge can increase overall acrylamide levels. Raw potatoes should ideally be stored in a dark, cool place at temperatures above 6°C.

**Being smoke free: every breath you take**

Public Health England, under their NHS Smoke free banner, has launched a campaign highlighting the damaging effect smoking has on the heart. Their research has shown that 45 people a day (more than 16,000 per year) die because of smoking related cardiovascular disease (CVD) – including heart attacks and strokes. CVD is usually associated with the build-up of fatty deposits clogging up our arteries, known as atherosclerosis, that can block the flow of blood to vital organs and eventually cause fatal heart attacks and strokes. Smoking increases the risk of heart disease by a quarter (24%) and doubles the risk of heart attack or stroke.

The research also shows that the two biggest reasons smokers quit are for their health and their families. With this in mind, Public Health England have launched an emotive video that features primary school children talking about and creating messages on the harmful effects of smoking on the heart. It also stars Cbeebies favourite Dr Ranj Singh.

The video series, as part of the wider ‘Health harms’ campaign, launched on 30 December 2016 with TV and digital advertising also showing NHS Smokefree ‘Rotten Roll-up’ and ‘Mutations’ adverts, which highlight the serious damage that cigarettes can cause. Smokers are encouraged to search ‘Smokefree’ online for
free quitting support and tools - including local stop smoking services, Quit Kits, the Smokefree App, and email and text support - to help them give up in the new year.

You can view the video by clicking here and access the full campaign by clicking here.

The Salford Picture
Smoking attributable mortality in Salford is 393 per 100,000 persons. The table below shows smoking attributable mortality in Salford 2012 - 2014 and 2013 -2015. It clearly shows that across all indicators Salford is significantly worse than the England and North West average.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>Region England</th>
<th>Salford</th>
<th>England</th>
</tr>
</thead>
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<tr>
<td>Smoking attributable mortality</td>
<td>2012 - 14</td>
<td>-</td>
<td>1,286</td>
<td>393.2</td>
</tr>
<tr>
<td>Deaths from lung cancer</td>
<td>2013 - 15</td>
<td>486</td>
<td>69.0</td>
<td>74.2</td>
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<tr>
<td>Deaths from chronic obstructive pulmonary disease</td>
<td>2013 - 15</td>
<td>449</td>
<td>82.7</td>
<td>65.8</td>
</tr>
<tr>
<td>Smoking attributable deaths from heart disease</td>
<td>2012 - 14</td>
<td>152</td>
<td>44.8</td>
<td>35.9</td>
</tr>
<tr>
<td>Smoking attributable deaths from stroke</td>
<td>2012 - 15</td>
<td>42</td>
<td>12.8</td>
<td>11.3</td>
</tr>
<tr>
<td>Potential years of life lost due to smoking related illness</td>
<td>2013 - 15</td>
<td>6,564</td>
<td>2,152</td>
<td>1,978</td>
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High Blood Pressure – A Silent Killer

The link between high blood pressure (also known as hypertension) and cardiovascular disease is well known – but did you know that high blood pressure is the third biggest risk factor for disease and disability after smoking and poor diet in England? Despite being preventable, high blood pressure was responsible for approximately 75,000 deaths in England in 2015. Although it rarely causes symptoms, high blood pressure is the biggest risk factor for cardiovascular disease and contributes to half of all heart attacks and strokes. It is also a risk factor for developing dementia, kidney disease and heart failure, which has impacts not only on population health but also the economy.

Public health England have recognised the need for action in reducing the impact of high blood pressure so have released the latest ‘Health Matters’ (here) that focuses on cross-sector action that can be taken to improve prevention, detection and management at both a national and local level.

Who is at risk?

No one is immune from the danger of high blood pressure. However certain factors (known as non-modifiable) are unchangeable and increase your risk of high blood pressure. They are:

1. Age – the older you get the higher the risk. This is thought to be associated with exposure to modifiable lifestyle factors

http://intranet.salford.gov.uk/research.htm – Home of Salford’s Joint Strategic Needs Assessment
2. Gender – up to 65 years of age, women tend to have lower blood pressure but this switches from ages 65-74
3. Ethnicity – People from Black African and Black Caribbean ethnic groups have a higher risk of high blood pressure and are more prone, alongside other ethnic groups such as South Asian, to develop type 2 diabetes which also increases the risk.
4. Genetics – research on twins suggests that up to 40% of variability in blood pressure may be explained by genetic factors.

However, we can all make lifestyle changes to reduce the risk of high blood pressure by taking action on changeable – or modifiable - risk factors: reducing dietary salt, improving diet, losing weight, drinking less, increasing physical activity, improving our emotional wellbeing and reducing stress. Deprivation and socio-economic problems can also increase the risk of high blood pressure.

The Role of Local Authorities
At a local level, by working together Local authorities, general practices, Pharmacists and local community settings can all help in reducing high blood pressure. Local authorities have an essential role to play in promoting population lifestyle programmes that encourage physical activity, healthy eating, tackling overweight and obesity and reducing alcohol misuse.

Advice on checking your blood pressure and actions to reduce the risk of high blood pressure are a key components of Public Health England’s One You Campaign. The publication suggests that local authorities should aim to:

- develop and support initiatives to promote public awareness of blood pressure and its opportunistic detection
- work collaboratively with partners across the health and social care system to maximise the benefits of blood pressure prevention, detection and management
- promote and improve the uptake of the NHS Health Check

The Salford Picture
Based 2011 on data taken from the Public Health Outcomes Framework (here), estimated levels of hypertension (high blood pressure) in all age population in Salford (24.9%), is very slightly above the England average (24.7%), and below the North West average (25.6%). The highest rate in the country was in Torbay (30.9%) with the lowest being in Tower Hamlets (17.9%). Interestingly, London boroughs have the lowest ten rates for high blood pressure in England, with the North West’s ‘best’ rate is Manchester with 20.9%.
New Links between Stress and Heart Attacks?
A major news story in January [here](http://intranet.salford.gov.uk/research.htm) reported the possible links between stress and the increased risk of heart attack based on a study published in The Lancet [here](http://intranet.salford.gov.uk/research.htm).

Smoking, high blood pressure and diabetes are well-known risk factors for cardiovascular disease and chronic psychosocial stress could also be a risk factor.

The study found that heightened activity in the amygdala - a region of the brain involved in stress - is associated with a greater risk of heart disease and stroke and provides new insights into the possible mechanism by which stress can lead to cardiovascular disease in humans.

Previously, animal studies identified a link between stress and higher activity in the bone marrow and arteries, but it has remained unclear whether this also applies to humans. Other research has also shown that the amygdala is more active in people with post-traumatic stress disorder (PTSD), anxiety and depression, but before this study no research had identified the region of the brain that links stress to the risk of heart attack and stroke.

In this study of 293 patients it was found that those with higher amygdala activity had a greater risk of subsequent cardiovascular disease and developed problems sooner than those with lower activity.

In a small sub-study, 13 patients who had a history of PTSD reported that those with the highest levels of stress had the highest levels of amygdala activity along with more signs of inflammation in their blood and the walls of their arteries.

While more research and larger studies are needed to confirm the mechanism, the researchers suggest that these findings could eventually lead to new ways to target and treat stress-related cardiovascular risk.

Whilst the research is of sound quality it has some limitations:
The study only examined 293 people which is a very small sample size for a study looking at such a condition.

The sub-study focused on patients being tested for cancer and with a history of PTSD, which both limits the reducibility of the results and may have an impact on base stress levels.

However, the study is an excellent starting point for emerging knowledge of the effects of stress on humans and contributes to the already established evidence base on the negative effects of long-term stress on physical and mental health.

The Salford Picture
Data on stress and the wider impacts on health are minimal – especially at a local level. The table below shows the estimated prevalence of people in Salford - and regional peers suffering from PTSD (Post-traumatic stress disorder). Salford is just below both the North West and England at 2.9% of the 16+ population. There is currently no local published data linking PTSD and cancer.

<table>
<thead>
<tr>
<th>Area</th>
<th>Count</th>
<th>Value</th>
<th>95% Lower CI</th>
<th>95% Upper CI</th>
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<td>1,190,949</td>
<td>3.0%</td>
<td>-</td>
<td>-</td>
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<tr>
<td>North West region</td>
<td>100,317</td>
<td>3.0%</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Blackburn with Darwen</td>
<td>3,117</td>
<td>3.0%</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Blackpool</td>
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<td>3.0%</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Bolton</td>
<td>6,030</td>
<td>3.0%</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Bury</td>
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<td>3.1%</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Cheshire East</td>
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<td>3.1%</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Cheshire West and Chester</td>
<td>7,430</td>
<td>3.1%</td>
<td>-</td>
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<tr>
<td>Cumbria</td>
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<td>Knowsley</td>
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<td>Lancaster</td>
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<td>Liverpool</td>
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<td>2.6%</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Manchester/West Riding</td>
<td>16,210</td>
<td>2.6%</td>
<td>-</td>
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<td>Cheadle</td>
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<td>Salford</td>
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<td>St Helens</td>
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<td>Stockport</td>
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<td>Tameside</td>
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<td>Trafford</td>
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<td>Warrington</td>
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<td>Wigan</td>
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<td>Wirral</td>
<td>7,164</td>
<td>3.1%</td>
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Source: APMIS http://www.health.gov.uk/statistics/healthmotives/2012 and ONS mid-year population estimates

Hush little baby (boomer)
Good, quality sleep gets harder as you get older. But good quality physical health is essential to maintain good cognitive health. Age UK have issued top tips on how over 50s can improve their sleep (available here).

This comes hot on the heels of a report from the Global Council of Brain Health (GCBH) (here) that examined the role of sleep on brain health that concluded (amongst other things) that sleep is essential for brain health and cognitive functions in all ages, but especially as we get older. It also states that people of all ages can improve the sleep by change in behaviour.
Why is sleep important?
The GCBH urges older adults to get the recommended seven to eight hours of sleep, but we know many adults do not get the recommended amount. Better sleep is correlated with people having higher perceptions of their well-being and brain health.

We have all felt sluggish after a poor night’s sleep, but there are also long term health risks associated with poor quality sleep. Regular inadequate sleep has been shown to increase our risk of: heart disease, obesity, diabetes, cancer, injuries related to falls as well as dangers to cognitive function.

What causes sleep deprivation?
Many different factors can cause sleep deprivation, but can generally be categorised into:

- Environmental - noise or temperature in the room etc.
- Lifestyle – shift working, eating late, alcohol, wellbeing etc.

Steps to improve sleep
- Get up at the same time every day
- Expose yourself to natural sunlight during the daytime
- Don’t drink alcohol to help you to sleep
- Try and eat dinner approximately three hours before going to bed
- Don’t drink coffee (caffeine) after lunch time
- Don’t look at an electronic screen of any kind after you get into bed - tablet, phone, laptop
- Avoid using over the counter sleep preparations
- Wear socks to keep your feet warm in bed
- Don’t sleep with pets in the bedroom
- Avoid arguments with spouse or partner before going to bed
- Limit afternoon naps to less than 30 minutes

😊